

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-479)**

SERIAL NO.

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st ALLOCATION		AFTER 2nd ALLOCATION	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19		1				
20		1				
21	1					
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28	1					
29	1					
30	1					
31		1				
32	1					
33	1					
34	1					
35		1				
36		1				
37	1	1				
38		1				
39	1					
40		1				
41		1				
42	1					
43		1				
44	1					
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL NO.	15					
TOTAL DEF.	32					
TOTAL	47					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
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95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						